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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

80 + 31
refs

Application Number

10/661,165

Filing Date

September 11, 2003

First Named Inventor

Ravinder S. DHALLAN

Art Unit

1634

Examiner Name

E. Whisenant

Attorney Docket Number

543312000420

ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form + duplicate
copy for fee processing (2 pages)☐ Fee Attached☒ Amendment/Reply (67 pages)☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request (1 page)☐ Express Abandonment Request☒ Information Disclosure Statement
Supplemental (3 pages)☐ Certified Copy of Priority
Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board of
Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
Identify below):Form PTO/SB/08a/b + copy (6
pages)Thirty-one (31) References
Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MORRISON & FOERSTER LLP (Customer No. 25226)

Signature

Printed name

Alicia J. Hager

Date

May 30, 2007

Reg. No.

44,140

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377984043 US, on the date shown below in an envelope addressed to:

MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 30, 2007

Signature: _____

Rosemarie Puljic-Salmeron (Rosemarie Puljic-Salmeron)



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
		Application Number	10/661,165
		Filing Date	September 11, 2003
		First Named Inventor	Ravinder S. DHALLAN
		Examiner Name	E. Whisenant
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1634
TOTAL AMOUNT OF PAYMENT		(\$)	240.00
		Attorney Docket No.	543312000420

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
180	-336 = 0	x 25.00 =	0.00	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.				180.00	0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	-9 = 0	x 100.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	-100 =	/50 =	(round up to a whole number) x 180.00 =	0.00

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement	180.00
2251 Extension for response within first month	60.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,140
Name (Print/Type)	Alicia J. Hager	Telephone	(650) 813-4296
		Date	May 30, 2007